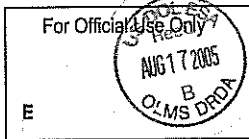


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11375</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>ALAN</u> <u>0</u> <u>LEWIS</u> P.O. Box, Bldg., Room No., if any <u>SUITE 120</u> Street <u>297 N. MARENGO AVENUE</u> City <u>PASADENA</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>91101</u>	4. Name, file number, and address of labor organization. Name <u>PAINTERS &amp; ALLIED TRADES DISTRICT COUNCIL 36</u> Labor Organization File Number <u>030396</u> P.O. Box, Building and Room Number, if any <u>SUITE 120</u> Street <u>297 N. MARENGO AVENUE</u> City <u>PASADENA</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>91101</u>
5. Position in labor organization. <u>EXECUTIVE ASSISTANT / BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Alan P. Lewis

On

8-12-04

Date

(020) 584-9925

Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SO. CAL. DRYWALL FINISHERS LABOR / MUT. COOPERATION COMM.Trade Name, if any: LMCCP.O. Box, Bldg., Room No., if any SUITE 103Street 297 N. MARENGO AVENUECity PASADENAState CALIFORNIA ZIP Code + 4 91101

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LMCC IS A JOINTLY ADMINISTERED LABOR +  
MUT. FUND ESTABLISHED UNDER THE TERMS  
OF THE C.B.A.. THE LMCC ARBITRATES  
DISPUTES AND FOSUES INTERPRETATIONS  
OF THE AGREEMENT. LMCC PROMOTES  
AND FOSTERS POSITIVE LABOR/MUT. RELATIONS  
TRAINING, NEW TECHNOLOGIES AND HEALTH  
AND SAFETY.

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

LMCC TRUSTEE. ATTENDED WESTERN  
WALL AND CEILING CONTRACTORS  
ASSOCIATION CHRISTMAS DINNER/  
DANCE ON 12-4-04. LMCC  
APPROVED EXPENDITURE.

12.b. Amount.

\$337.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Alan D. Lewis

Reporting period ending December 31, 2004

**DISCLAIMER**

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.